

ASSIGNED COUNSEL VOUCHER

CLIENT NAME: _____

Docket Number(s): _____

Disposing Court Location UCD District Court Superior Court

Date of Assignment _____
Justice/Judge Making Disposition _____
Date of Disposition/PC stage completion _____

Disposition: _____

OR, if PC case, Stage completed _____

TYPE OF CLIENT:

- Adult Defendant/Petitioner Protective Case - GAL Other
 Juvenile Defendant/Petitioner Protective Case - Parent

CHILD PROTECTION /MENTAL HEALTH CASES/JUVENILE:

- Child Protective Mental Health Juvenile

CRIMINAL CASES (Assumes Jury Trial, unless otherwise noted):

- Lawyer of the Day Murder Class B or C-against property
 Probation Violation Class A Class D or E or Habitual Offender
 Post-Conviction Review Class B or C-against person Class D or E-without jury

TOTAL HOURS

TOTAL EXPENSES

THIS IS THE ONLY VOUCHER I AM SUBMITTING

\$ _____

THIS IS THE _____ VOUCHER I HAVE SUBMITTED

(Include backup/explanation)

I certify that payment has not been received, and that no payment or promise of payment has been requested or accepted from or on behalf of the above defendant(s) except as ordered by the court. The attached statement of time spent in preparation, in court, and on expenses is true and correct. I further certify that my billing is in accord with the applicable Administrative Order, and in particular that I have not billed for travel time or expenses to/from my home court(s) and that I have not double billed on my time.

Vendor Code # _____
Check Payable To _____
Complete Address _____

Name (print) _____
Signature of Counsel _____
Date submitted _____
Re-submission? Yes No

ALL INFORMATION ABOVE THIS LINE MUST BE COMPLETED OR VOUCHER WILL BE RETURNED.

FOR COURT USE ONLY

Amt. reimburse. ordered \$ _____
Counsel fees paid \$ _____
Balance (if any) owed \$ _____

Attorney Fee \$ _____
Related Expenses \$ _____
Total Due \$ _____

Court Date Stamp

Clerk Verification

[Empty box for Clerk Verification]

Total Hours

(In Increments of .10 hrs)

APPROVED BY:

[Signature box]

(Signature) Justice Judge Clerk (Date)

Judge's notes

AOC APPROVED FOR PAYMENT

Fund Agency Unit Approp. Object (Date)
010 40A 9 012 4040

TRANS AGENCY DOCUMENT I.D #
TYPE CODE

GAX 40A [Empty box]